



State of Arizona
Department of Education

Tom Horne
Superintendent of
Public Instruction

**CLOSE UP PROGRAM APPLICATION
STUDENT NOMINATION**

STUDENT INFORMATION:

Name of student:	
Home address:	
Home telephone number:	
Grade (2002-2003 Fiscal Year)	

SCHOOL INFORMATION:

Name of District and School:	
District address:	
Migrant Education Program phone number:	

Student's signature and date:

Migrant Education Program Coordinator's signature and date: